

East Anglia Care Homes Limited

Halvergate House

Inspection report

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North Walsham
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Halvergate House is a nursing home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 50 people.

People's experience of using this service and what we found

People we spoke to told us they were happy at this service and appeared relaxed in this setting.

Person-centre care plans were in place that had been regularly reviewed. Care plans were accurate and robust; enabling staff to safely support people in a manner in which the person had chosen.

Medicine management was safe. All medicines were stored securely, and documentation was completed following all administrations. People were given their medicines safely and in line with best practice.

Good infection prevention and control measures were in place. The service was clean and well maintained. The provider told us they planned further improvements to enhance the service for the benefit of those supported.

The registered manager maintained a good oversight of the service by working alongside their team and reviewing and monitoring documentation that had been completed by staff.

Feedback from families was positive. Families we spoke to told us that their loved ones were safe at this service and well supported by the staff team in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 December 2017).

Why we inspected

We received concerns in relation to management of medicines and infection control practice. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from the concerns that had been raised which led to the decision to inspect. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Halvergate House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Halvergate House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Consisted of three inspectors and an Expert by Experience who made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Halvergate house is a 'nursing home'. People in nursing homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This first day of this inspection was unannounced, and the second day was announced.

We gave the service 48 hours' notice for the second day of inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, operational manager, registered nurses, a senior support worker and care assistants. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Final feedback was completed 01 December 2021.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People who used the service, and their relatives told us staff protected them from the risk of harm and abuse.
- Where concerns had been raised, we saw evidence that investigations had taken place and actions taken where shortfalls were identified by the management team.
- Incident forms were completed electronically and monitored by the registered manager. The registered manager reviewed all incident forms and took action areas where possible to reduce likelihood of reoccurrence.
- Staff were able to recognise types of abuse and when these needed to be reported.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place, for staff to follow, and to keep people safe. The care plans gave clear detail for staff to follow. This ensured consistent and safe support was provided. There was evidence of these documents being regularly reviewed as people's support needs changed.
- We observed staff to be supporting people with their mobility and repositioning, in-line with their care plans. The staff engaged with people while providing care, to ensure the person felt reassured.
- Where people were regularly repositioned due to a specific risk, this support was well documented. The care notes captured the timing and details of care provided. This ensured staff were clear on the regularity of assisting the person to change their position to reduce the risk of skin breakdown.
- Staff supported people with their nutrition in a safe dignified manner. Speech and language therapist's (SALT) were contacted where required for direction and advice. The direction was detailed within the care plans and staff were clear on the support they needed to give.
- Equipment in the home was well maintained and had been serviced as required to ensure the suitability of the equipment in situ.

Staffing and recruitment

- Safe recruitment practices were in place and people told us there were enough staff to meet their needs in a person-centred and timely manner. On both days of our inspection sufficient staff were deployed to safely support people.
- The service was able to demonstrate that all staff had completed a variety of training sessions to enable them to safely meet people's needs. These included manual handling, medication and safeguarding. Additional competencies were completed to evidence training had been embedded.
- People's families were positive about the staff team in place. A family member told us, "Staff are well trained, they can't do enough for our loved one. Staff chat with people all the time and the carers are all welcoming."

Using medicines safely

- Medicines were stored securely within a locked medicines room.
- Medicine administration was recorded using a digital system. This digital system allowed for live auditing of the medicines in stock, and ensured remote oversight was maintained by the registered manager and provider at all times.
- Protocols were in place for medication that were given to people on an as required basis (PRN). The PRN protocols continued to be reviewed and improved to offer additional clarity to those administering the medicines.
- Staff confirmed they had received formal training in relation to medicines management, in addition to having their competency assessed to monitor their safe medicines management.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The provider had ensured all staff working at the service had received required vaccinations in line with government guidance to safely support people.

We have also signposted the provider to resources to develop their approach.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All levels of the staff team work closely together. A staff member said, "The current manager is very open and morale is 100 times better now they are in post".
- People and their families were positive about the support provided by the staff team. A person told us, "The home is well managed."
- Positive engagement was observed between all levels of the staff team and the people supported. People appeared comfortable in their home and were observed making choices on how they wished to spend their time.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- Relatives told us the service informed them of incidents in a timely manner, ensuring they were kept updated on their loved ones changing support needs.
- The registered manager demonstrated they understood their responsibilities under the duty of candour requirement, the registered manager was open to feedback and was continually striving to further develop the service for the benefit of those supported.
- The registered manager confirmed that they sought professional input as required for those supported in a prompt manner. Care records detailed that a number of professionals had been involved to support the health care needs of the people who lived at the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Numerous audits were completed by the registered manager and senior management on behalf of the provider. All findings from these audits were accessible to all layers of the management team to monitor and further improve the service given to people.
- Staff were observed to be supporting people in a safe manner with a variety of complex needs. These included supporting people with their medicines, mobilising, food and nutrition and maintaining their well fair socially. Staff appeared clear on their job roles and were able to clearly explain people's individual support needs, evidencing they knew the people well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys had been completed by the staff team to assess their own knowledge and understanding in relation to COVID-19 and safeguarding. Staff were also encouraged to give feedback on suggestions for improvement for the service. Empowering the staff team to be involved in moving the service forward.
- People and their families were positive about the management and staff team and felt they were approachable and would speak to them if they have any concerns.
- Regular meetings were taking place with people, giving people the opportunity to discuss matters that were important to them. During the height of the pandemic these meetings were also used to inform the people supported on areas that may impact or restrict them.

Continuous learning and improving care

- The registered manager spoke passionately about making further changes to improve the live's of the people they supported. The people were placed at the centre of the decision making, and the impact different outcomes will have on them.
- Staff and the management team were welcoming of new ideas and feedback provided. Taking on board different perspectives to make additional positive changes to benefit those supported.